

In re Application of:

Docket No. 02633.000001.

MICHAEL SACHS

Application No.: 09/855,942

Examiner: F. Mathew

NOV 1 8 2000

Filed:

May 16, 2001

Alexandria, VA 22313-1450

Group Art Unit: 3764

TECHNOLOGY CENTER R3700

For:

MAXIMAL NASAL INTERNAL

SUPPORT SYSTEM

Date: November 5, 2003

THE COMMISSIONER FOR PATENTS

P.O. Box 1450

11/13/2003 SSESHE1 00000002 09855942

01 FC:2252

210.00 OP

Sir:

Transmitted herewith is an amendment in the above-identified application.

X No additional fee is required.

The fee has been calculated as shown below

		C	LAIMS AS AMEN	IDED	,	
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONA FEE
TOTAL CLAIMS	* 19	MINUS	** 42	= 0	x \$9 \$18	\$0
INDEP. CLAIMS	* 7	MINUS	***	= 0	x \$43 \$86	\$0
Fee for Multiple Dependent claims \$145°/\$290						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0	

- * If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

	A check in the amount of \$	is enclosed.
	A check in the amount of p	IS CHCIOSCU.

	Charge \$ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
X	Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
X	A check in the amount of \$210.00 to cover the fee for a two-month extension is enclosed.
	A check in the amount of \$ to cover the Information Disclosure Statement fee is enclosed.
X	Applicant's undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.
	Respectfully submitted,
	Attorney for Applicant

FITZPATRICK, CELLA, HARPER & SCINTO 30 Rockefeller Plaza New York, New York 10112-3801

Facsimile: (212) 218-2200

Registration No. 296